

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187County Registrar No. 179

Local Registrar No. \_\_\_\_\_

No. 211. Bailey - Fifth St. St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Anna Evendolen { If child is not yet named, make supplemental report, as directed.3. Sex of Child L. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 4 5. No., in order of birth. 4 6. Legitimate? Yes 7. Date of birth Aug. 25, 1927 Month Day Year8. FATHER Full name Walter David Childers9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race W. 11. Age at last birthday 35 (Years)12. Birthplace (city or place) Stephens City Tex. (State or country)13. Occupation Housewife Nature of industry14. MOTHER Full maiden name Mattie Ann. Slater 15. Residence (Usual place of abode) Globe If non-resident, give place and state. 16. Color or race W. 17. Age at last birthday 29 (Years)18. Birthplace (city or place) Eddy City (State or country) N.M. 19. Occupation Housewife Nature of industry20. Number of children of this mother } (a) Born alive and now living 4 21. Were precautions taken against ophthalmia neonatorum? Yes } (b) Born alive but now dead \_\_\_\_\_ } (c) Stillborn \_\_\_\_\_ } Taken as of time of birth of child herein certified and including this child.)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 p. m. on the date above stated (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife).Address Globe, Ariz.

Given name added from a supplemental report

Month, day, year

Filed 8-31-27 Dr. St. Nont Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

132-825-425